

# WVDHSEM COURSE APPLICATION

(Print/type all information except signature)

NAME:

ADDRESS & TELEPHONE NUMBER:

DESIRED COURSE TITLE, DATE AND LOCATION

LIST TITLES OF REQUIRED PREREQUISITE COURSES, DATES AND LOCATIONS

DO YOU HAVE ANY HANDICAPS (including allergies and/or Medical conditions) which would require special consideration during your attendance?

( ) No

( ) Yes

(Describe on the Reverse)

NAME AND ADDRESS OF EMERGENCY ORGANIZATION BEING REPRESENTED:

CURRENT TITLE OF YOUR POSITION IN THE EMERGENCY ORGANIZATION

APPLICANT'S SIGNATURE:

DATE:

LOCAL OES DIRECTOR'S SIGNATURE

DATE:

**SUBMIT COMPLETED APPLICATION TO:**

*West Virginia Division and Homeland Security  
ATTN: Training Coordinator  
Building 1 Room EB80  
1900 Kanawha Blvd. East  
Charleston WV 25305-0360*